

Kim's LifeTours, LLC

**REGISTRATION FORM**

Sept. 6 - 18, 2025 --- Bike Moselle

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

PASSPORT NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

ROOMING OPTIONS

\_\_\_\_\_ I would like to share a room with (roommate's name) \_\_\_\_\_

\_\_\_\_\_ I would like to share a room, if you have a roommate for me. (If not, I will pay the single supplement.)

\_\_\_\_\_ Single room (est. \$800 single supplement)

ANY CHRONIC/RECURRING HEALTH CONDITIONS \_\_\_\_\_

ANY DIETARY RESTRICTIONS \_\_\_\_\_

HEALTH INSURANCE COMPANY & POLICY # \_\_\_\_\_

CONTACT IN CASE OF EMERGENCY (name & phone)

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Please return this form with your \$400 (nonrefundable) deposit  
(payable by Zelle)  
715-252-2672

**Kim's LifeTours, LLC**  
Kim O'Flaherty